

ED 184

REV. 7/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde



APPLICATION TO REMOVE

COURSE WORK DEFICIENCY AND/OR ASSESSMENT DEFERRAL

PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) – Required

ADDRESS (Street)

(Apt #)

(City)

FORMER LAST NAME(S)

(State)

(Zip Code)

PHONE

(Home)

(Work)

Race/Ethnicity

(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

ORIGINAL SIGNATURE OF APPLICANT

DATE

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**INSTRUCTIONS TO APPLICATION TO REMOVE
COURSE WORK DEFICIENCY AND/OR ASSESSMENT DEFERRAL**

Applicant:

- ☐ a. Complete application on the reverse side.
- ☐ b. To remove a course work deficiency, attach an official transcript which includes the embossed or colored seal of the issuing college or university.
- ☐ c. To remove an assessment deferral, contact the appropriate testing agency and request that this testing agency forward your official test scores to the Bureau of Educator Preparation and Certification. If the Praxis I or II Assessment was completed outside of Connecticut, please indicate Connecticut's score recipient code of R7050.
- ☐ d. Return completed application with required documents/information to the Bureau of Educator Preparation and Certification.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.